

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Robin Kelly for Congress

ADDRESS (number and street)

P.O. Box 6953

Check if different
than previously
reported. (ACC)

Chicago

IL

60680

2. FEC IDENTIFICATION NUMBER ▼

C

C00539866

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

IL

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
11 / 04 / 2014in the
State of

IL

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2014

through

M M / D D / Y Y Y Y
10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ryan Vanmeter

Signature of Treasurer

Ryan Vanmeter

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 31 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 18

Write or Type Committee Name

Robin Kelly for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3010.00	635185.36
(b) Total Contribution Refunds (from Line 20(d))	500.00	5500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2510.00	629685.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22253.90	455180.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	22253.90	455180.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	162313.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 18

Write or Type Committee Name

Robin Kelly for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2600.00

194569.84

(ii) Unitemized.....

410.00

36927.24

(iii) TOTAL of contributions from individuals ▶

3010.00

231571.08

(b) Political Party Committees.....

0.00

14.28

(c) Other Political Committees (such as PACs).....

0.00

403600.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3010.00

635185.36

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3010.00

635185.36

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22253.90	455180.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	50000.00	125500.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	5500.00
21. OTHER DISBURSEMENTS	1000.00	15670.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	73753.90	601850.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	233056.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3010.00
25. SUBTOTAL (add Line 23 and Line 24).....	236066.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	73753.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	162313.08

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

Julius Talley

A.

Mailing Address 31 W 155th St

City

Harvey

State

IL

Zip Code

60426-3556

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : C10086820

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

Allen Sheard

B.

Mailing Address 712 Engle St

City

Dolton

State

IL

Zip Code

60419-1721

FEC ID number of contributing federal political committee.

C

Name of Employer

Dolton Park District

Occupation

Commissioner

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2014

Transaction ID : C10083070

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

John Jacobs

C.

Mailing Address 9595 Wilshire Blvd

City

Beverly Hills

State

CA

Zip Code

90212-2512

FEC ID number of contributing federal political committee.

C

Name of Employer

Smart Entertainment

Occupation

President

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : C10092183

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. Mary Jo Schuler

Mailing Address 315 N Euclid Ave

City

Oak Park

State

IL

Zip Code

60302-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
community volunteer

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2014

Transaction ID : C10083106

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

2600.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. First Bank Merchant Services

Mailing Address P.O Box 407066

City	State	Zip Code
Fort Lauderdale	FL	33340

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

110.03

Transaction ID : D554450

B. First Bank Merchant Services

Mailing Address P.O Box 407066

City	State	Zip Code
Fort Lauderdale	FL	33340

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

177.07

Transaction ID : D554451

c. Harris Bank

Mailing Address PO Box 94033

City	State	Zip Code
Palatine	IL	60094-4033

Purpose of Disbursement
Bank Service Charges

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

5.00

Transaction ID : D554442

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

292.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. First Bank Merchant Services

Mailing Address P.O Box 407066

City	State	Zip Code
Fort Lauderdale	FL	33340

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 08 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : D554452

B. Harris Bank

Mailing Address PO Box 94033

City	State	Zip Code
Palatine	IL	60094-4033

Purpose of Disbursement
Bank Service Charges

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 14 / 2014

Amount of Each Disbursement this Period

5.00

Transaction ID : D554443

c. NGP Van

Mailing Address 1101 15th Street, NW Suite 500

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Database

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 08 / 2014

Amount of Each Disbursement this Period

2700.00

Transaction ID : D554453

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3205.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. Ingalls Development Foundation

Mailing Address One Ingalls Drive

City	State	Zip Code
Harvey	IL	60426

Purpose of Disbursement
Contributions

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

Amount of Each Disbursement this Period

325.00

Transaction ID : D554463

B. Harris Bank

Mailing Address PO Box 94033

City	State	Zip Code
Palatine	IL	60094-4033

Purpose of Disbursement
Bank Service Charges

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

5.00

Transaction ID : D554444

C. Chicago Press Corporation

Mailing Address 1112 N Homan Ave

City	State	Zip Code
Chicago	IL	60651

Purpose of Disbursement
Printing (Fundraising)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2014

Amount of Each Disbursement this Period

846.00

Transaction ID : D554454

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1176.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. Olympia Fields Country Club

Mailing Address 2800 Country Club Dr

City	State	Zip Code
Olympia Fields	IL	60461

Purpose of Disbursement
Catering and Venue

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

Amount of Each Disbursement this Period

6953.76

Transaction ID : D555075

B. Harris Bank

Mailing Address PO Box 94033

City	State	Zip Code
Palatine	IL	60094-4033

Purpose of Disbursement
Bank Service Charges

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

30.00

Transaction ID : D554445

c. VistaPrint.com

Mailing Address 95 Hayden Avenue Lexington ,

City	State	Zip Code
Lexington	MA	02421

Purpose of Disbursement
Printing (Gen. Camp. Exp.)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

297.49

Transaction ID : D554455

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7281.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. Robin L. Kelly PhD

Mailing Address 4203 Cedarwood Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

City Matteson	State IL	Zip Code 60443-1910
------------------	-------------	------------------------

Amount of Each Disbursement this Period

927.33

Transaction ID : D554465

Purpose of Disbursement
Reimbursement, Travel

Candidate Name

Robin KellyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: IL District: 02

Full Name (Last, First, Middle Initial)

B. Harris Bank

Mailing Address PO Box 94033

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

City Palatine	State IL	Zip Code 60094-4033
------------------	-------------	------------------------

Amount of Each Disbursement this Period

30.00

Transaction ID : D554446

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Full Name (Last, First, Middle Initial)

C. National Democratic Club

Mailing Address 30 Ivy St SE Washington, D.C., DC

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Amount of Each Disbursement this Period

170.01

Transaction ID : D554456

Purpose of Disbursement
Event Expenses (Fundraising)

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1127.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. W Hotel Chicago

Mailing Address 644 N Lake Shore Drive

City	State	Zip Code
Chicago	IL	60611

Purpose of Disbursement
Catering (Fundraising)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

694.91

Transaction ID : D554466

B. The Public Response Group

Mailing Address 12400 Harlem Ave

City	State	Zip Code
Palos Heights	IL	60463

Purpose of Disbursement
Printing (Field)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

4647.00

Transaction ID : D555076

c. Harris Bank

Mailing Address PO Box 94033

City	State	Zip Code
Palatine	IL	60094-4033

Purpose of Disbursement
Bank Service Charges

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

30.00

Transaction ID : D554447

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5371.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. National Democratic Club

Mailing Address 30 Ivy St SE Washington, D.C., DC

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Event Expenses (Fundraising)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

Amount of Each Disbursement this Period

930.48

Transaction ID : D554457

B. W Hotel Chicago

Mailing Address 644 N Lake Shore Drive

City	State	Zip Code
Chicago	IL	60611

Purpose of Disbursement
Catering (Fundraising)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

463.28

Transaction ID : D554467

C. Delta Airlines

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

457.20

Transaction ID : D554448

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

930.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. Lora Whitticker

Mailing Address 3549 South Calumet Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
Chicago	IL	60653

Amount of Each Disbursement this Period

2587.37

Purpose of Disbursement
Payroll ExpensesCategory/
Type

Transaction ID : D554458

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. First Bank Merchant Services

Mailing Address P.O Box 407066

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
Fort Lauderdale	FL	33340

Amount of Each Disbursement this Period

32.45

Purpose of Disbursement
Credit Card Processing FeeCategory/
Type

Transaction ID : D554449

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. AT&T Wireless

Mailing Address 168 N State Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
Chicago	IL	60601-3505

Amount of Each Disbursement this Period

225.00

Purpose of Disbursement
PHONESCategory/
Type

Transaction ID : D554459

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2844.82

22228.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 18

<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign CommitteeMailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Unlimited Transfer to National Party Committee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

\$	50000.00
----	----------

Transaction ID : D554461

Category/
Type**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

Category/
Type**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

Category/
Type**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

50000.00

50000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 18

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

Full Name (Last, First, Middle Initial)

A. Chicago Now

Mailing Address PO Box 641515

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

City	State	Zip Code
Chicago	IL	60664

Amount of Each Disbursement this Period

500.00

Transaction ID : D554460

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Family Youth InitiativeMailing Address 515 M Street, SE
Suite 217

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

250.00

Transaction ID : D554462

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Kankakee County Democrats

Mailing Address 390 S Schuyler Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

City	State	Zip Code
Kankakee	IL	60901

Amount of Each Disbursement this Period

250.00

Transaction ID : D554464

Purpose of Disbursement
Contributions

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Robin Kelly for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CFO - ComplianceNature of Debt (Purpose):
Compliance Consulting

Mailing Address One Park Row, Suite 5

City State

Zip Code

Providence

RI

02903

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D497499

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

5000.00

2) **TOTALS** This Period (last page this line number only) ▶

5000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5000.00